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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number TOWN! 10/607,115 Filing Date 6/25/2003 **TRANSMITTAL** First Named Inventor Steeb et al. **FORM** Group Art Unit 2124 (to be used for all correspondence after initial filing) Examiner Name **WILLIAM H WOOD** Attorney Docket Number MS1-1463US Total Number of Pages in This Submission ENCLOSURES (check all that apply) X Fee Transmittal Form Drawing(s) After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition of Appeals and Interferences M Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation **Proprietary Information** Change of Correspondence Extension of Time Request Status Letter Address **Express Abandonment Request** Other Enclosure(s) (please Terminal Disclaimer Information Disclosure Statement identify below): Request for Refund Return Receipt Postcard Certified Copy of Priority CD, Number of CD(s) **Documents** Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 22801 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Allan T. Sponseller/Reg. No. 38318 Individual Name Signature 05 Date **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name LeAnn M. Sassman Signature Date ammar

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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/607,115 TRANSMITTAL Filing Date 6/25/2003 For FY 2005 Curt A. Steeb First Named Inventor WILLIAM H WOOD **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2124 TOTAL AMOUNT OF PAYMENT (\$) 1020.00 Attorney Docket No. MS1 - 1463US METHOD OF PAYMENT (check all that apply) Check Credit Card | Money Order None I Other (please identify): ✓ Deposit Account Deposit Account Number: 12-0769 Lee & Hayes, PLLC Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 200 Provisional 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims **Multiple Dependent Claims** Fee Paid (\$) Fee (\$) 50 - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) __ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

SUBMITTED BY			
Signature	Rr.S	Registration No. (Attorney/Agent) 38318	Telephone (509) 324-9256
Name (Print/Type)	Allan T. Sponseller		Date 2/15/05

Non-English Specification, \$130 fee (no small entity discount)

Other: Three Month Extension of Time

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